

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
FEC MAIL CENTER

1. (a) Name of Candidate (in full) <u>DENISE DARCEL ADAMS</u>		2017 MAR 10 AM 7:05
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>3601 MARLOWE AVE.</u>		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code <u>Winston-Salem, NC 27106</u>		3. Is This Statement <input checked="" type="radio"/> New (N) OR <input type="radio"/> Amended (A)
4. Party Affiliation <u>Democrat</u>	5. Office Sought <u>US House</u>	6. State & District of Candidate <u>NC 5th Congressional District</u>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>D.D. Adams for Congress</u>
(b) Address (number and street) <u>P.O. Box 17373</u>
(c) City, State, and ZIP Code <u>Winston-Salem, NC 27116</u>

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

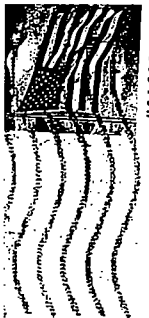
(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <u>Denise D. Adams</u>	Date
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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GREENSBORO NC 274
PIEDMONT TRIAD AREA
03 MAR 2017 PM 7 L


DENISE L ADAMS
3061 Markers Ave
Winston-Salem, NC 27106

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Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

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Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	3/10/17 DATE PREPARED

(3/2015)